

MIAMI-DADE COUNTY  
HISTORIC PRESERVATION AD-VALOREM TAX EXEMPTION

2018 JUL 27 1:27

PART 1 – PRECONSTRUCTION APPLICATION

**INSTRUCTIONS:**

Type or print clearly in black ink. You may attach additional sheets if more space is needed.

**I. PROPERTY IDENTIFICATION AND LOCATION**

Historic/Site Name: \_\_\_\_\_  
Property Address: 2907 COLUMBUS BLVD.  
Folio Number: 03-4118-003-1990.  
Legal Description: LOTS 13 & 14 BLK 13 CORAL  
GARDENS COUNTRY CLUB SECTION 1

Please check all that apply:

☒  
☐  
☐  
☐

- Designated as a local historic landmark or site
- Designated as a contributing structure within a local historic district
- Individually listed in the National Register of Historic Places
- Is a contributing structure in a National Register District

Name of District \_\_\_\_\_

*Please attach the designation report and resolution as proof the property is designated.*

**II. OWNER INFORMATION:**

Name(s) of Owner(s): ANA NAVARRO, VIOLETA NAVARRO.  
Mailing Address: 2907 COLUMBUS BLVD.  
CORAL GARDENS, FL 33134  
Phone: 305-439-2040 2<sup>nd</sup> Phone: \_\_\_\_\_  
Email: ANANAVARRO@ME.COM

*If the property has multiple owners, please attach a list of all owners and their mailing addresses.*

### III. CURRENT PHYSICAL DESCRIPTION OF PROPERTY:

#### A. General Information

Date of Construction: 1929 Architect (if known): BY NOT IDENTIFIED

**Alterations:** Please provide the date and description of any physical alterations to the property. [Example: Original casement windows were replaced with jalousie windows around 1974.]

**Additions:** Please provide date and description of any additions which may have been made. [Example: A rear bedroom and bath were added to the house in 1981.]

#### B. Exterior Description

Roof Type: FLAT, HIP Roof Material: BARREL TILE  
Example: hip, gable, flat, etc Example: barrel tile, asphalt shingle, etc

Number of Stories: 2 Detached Garage? (Y/N) Y

Basic Floor Plan: FAIRLY RECTANGULAR  
Example: square, "L" shaped, "U" shaped, rectangular, irregular, etc

Main Window Type(s): CASEMENT  
Example: casement, fixed, single hung sash, jalousie, awning, etc

Siding Material(s): TEXTURED STUCCO  
Example: stucco, wood frame, brick

Briefly describe any distinguishing Exterior Architectural Features:

[Example: the placement of the windows, chimneys, porches, columns, etc]

- ELEGANT ARCHED ENTRY CLADDED IN CORAL ROCK
- ARCHED WINDOWS IN FRONT (3) WITH CORAL ROCK TRIM
- DECORATIVE IRON WORK @ BALCONIES
- TEXTURED STUCCO

### C. Interior

Please list any distinguishing **Interior Architectural Features** found in the home that are original to the house, by room: [Example: The dining room retains the original decorative crown molding and tile floor. The living room retains the original limestone fireplace.]

THE MAIN HOUSE LAYOUT IS MAINTAINED WITH ORIGINAL OAK FLOORS, ORIGINAL FIRE PLACE & DECORATIVE ARCHWAYS.

### D. Auxiliary Structures

Please describe the present appearance of any auxiliary structures on the property, such as garages, cabanas, outbuildings, perimeter walls, etc.

THE DETACHED 2-STORY GARAGE STRUCTURE MAINTAINS A GUESTROOM & BATH & COVERED TERRACE ON THE SECOND FLOOR.

## IV. DESCRIPTION OF PROPOSED IMPROVEMENTS

All improvements to historic properties will be evaluated for their consistency with the Secretary of Interior Standards for Rehabilitation. The application must include labeled photographs of both the interior and exterior of the property which clearly show the property and its characteristics.

What was the original use of the building? SINGLE FAMILY RESIDENCE.

What will the building be used for after improvements? SAME

What is the estimated start date of construction? JULY 2018

What is the estimated completion date? JUNE 2019

What is the estimated cost of restoration/rehabilitation? \$150,000 (HISTORIC PORTION)

Briefly describe your project, including any proposed additions, upgrades and restorations.

ONE STORY ADDITION TO THE REAR OF THE EXIST RESIDENCE, INTERIOR ALTERATIONS & SITE WORK. THE ADDITIONS CONSIST OF AN OCTOGONAL BREAKFAST NOOK AT THE NORTHEAST CORNER OF THE RESIDENCE, A BUTLER'S PANTRY, AN EXPANDED FAMILY ROOM THAT WILL CONNECT THE EXISTING RESIDENCE TO AN EXISTING 2 STORY GARAGE BUILD AND A SITTING AREA FOR THE MASTER SUITE. A COVERED TERRACE, GAZEBO & RECONFIGURED POOL COMPLETE THE REAR RENOVATION.

## **A. EXTERIOR ARCHITECTURAL FEATURES**

*The following represents an itemization of work to be accomplished. List each principal architectural feature affected and describe the impact that restoration/rehabilitation will have on it. Label which elevation(s) contains that feature, and include a corresponding photograph for each. Please attach additional sheets if necessary.*

### **FEATURE 1:**

**Elevation:**

**Photo Number:**

**Plan Number:**

**Describe Work and Impact on Existing Feature:**

*SEE ATTACHED DOCUMENTS*

### **FEATURE 2:**

**Elevation:**

**Photo Number:**

**Plan Number:**

**Describe Work and Impact on Existing Feature:**

### **FEATURE 3:**

**Elevation:**

**Photo Number:**

**Plan Number:**

**Describe Work and Impact on Existing Feature:**

### **FEATURE 4:**

**Elevation:**

**Photo Number:**

**Plan Number:**

**Describe Work and Impact on Existing Feature:**

**B. INTERIOR ARCHITECTURAL FEATURES**

**FEATURE 1:**

**Room:**

**Photo Number:**

**Plan Number:**

**Describe Work and Impact on Existing Feature:**

**FEATURE 2:**

**Room:**

**Photo Number:**

**Plan Number:**

**Describe Work and Impact on Existing Feature:**

**FEATURE 3:**

**Room:**

**Photo Number:**

**Plan Number:**

**Describe Work and Impact on Existing Feature:**

**FEATURE 4:**

**Room:**

**Photo Number:**

**Plan Number:**

**Describe Work and Impact on Existing Feature:**

**C. LANDSCAPE FEATURES**

Please list any restorative work to be done to **original landscape features**, including pathways, walls, fountains, etc. Include a site plan or sketch if necessary.

**FEATURE 1:**

**Photo Number:**

**Describe Work and Impact on Existing Feature:**

H/A.

**FEATURE 2:**

**Photo Number:**

**Describe Work and Impact on Existing Feature:**

**FEATURE 3:**

**Photo Number:**

**Describe Work and Impact on Existing Feature:**

**OWNER ATTESTATION:** I hereby attest that the information provided in this application is, to the best of my knowledge, correct, and that I own the property described above or that I am legally the authority in charge of the property. Further, by submission of this Application, I agree to allow access to the property by representatives of the appropriate official in which the property is located, for the purpose of verification of information provided in this Application. I also understand that, if the requested exemption is granted, I will be required to enter into a Covenant with the municipality and Miami-Dade County in which I must agree to maintain the character of the property and the qualifying improvements for the term of the exemption.

Ana V. Navarro

Print Name

[Signature]

Signature

6/19/18

Date

**[Please attach the photographic documentation on subsequent pages.  
Submit a copy of all photographs on a CD as well, if possible.]**

**PRE-CONSTRUCTION APPLICATION REVIEW**  
**TO BE FILLED OUT BY THE**  
**LOCAL HISTORIC PRESERVATION OFFICER**

Street Address of property 2907 COLUMBUS BLVD

Folio number 03-4118-003-1930

The local Historic Preservation Officer has reviewed Part 1 (Preconstruction Application) of the Historic Preservation Property Tax Exemption Application for the above named property and hereby:

☒ Certifies that the above referenced property qualifies as a historic property consistent with the provisions of s. 196.1997 (11), F.S.

☐ Certifies that the above referenced property does not qualify as a historic property consistent with the provisions of s. 196.1997 (11), F.S.

☒ Determines that improvements to the above referenced property are consistent with the Secretary of Interior Standard's for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and the criteria set forth in Chapter 1A-38, F.A.C.

☐ Determines that improvements to the above referenced property are not consistent with the Secretary of Interior Standard's for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and the criteria set forth in Chapter 1A-38, F.A.C.

**Please list any Review Comments here:**

COA(SP) 2016-029 Staff Report attached.

Additional Review Comments attached? Yes ☐ No ☐

Signature: Dona M. Spain

Typed or printed name: DONA M. SPAIN

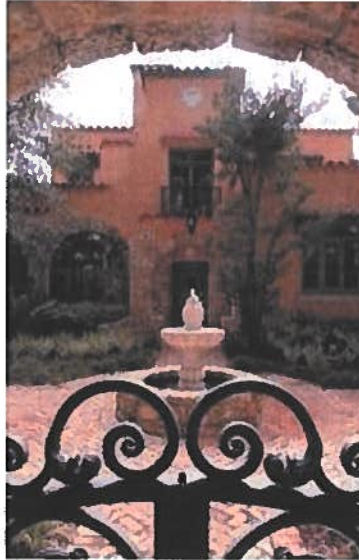
Title: HISTORIC PRESERVATION OFFICER

Date of Review: 11.20.2018



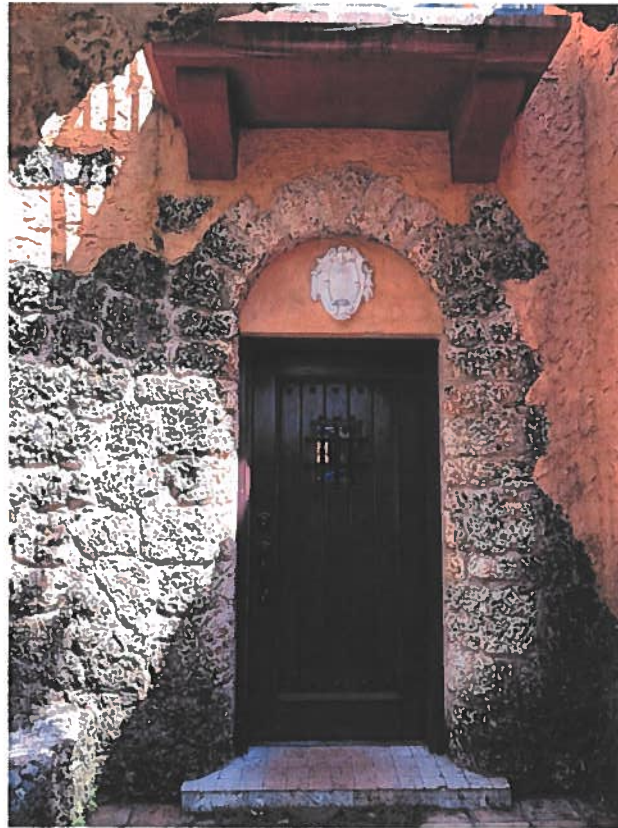
**2907 Columbus Boulevard**

**"BEFORE"**



Front entry existing coral rock arches to remain

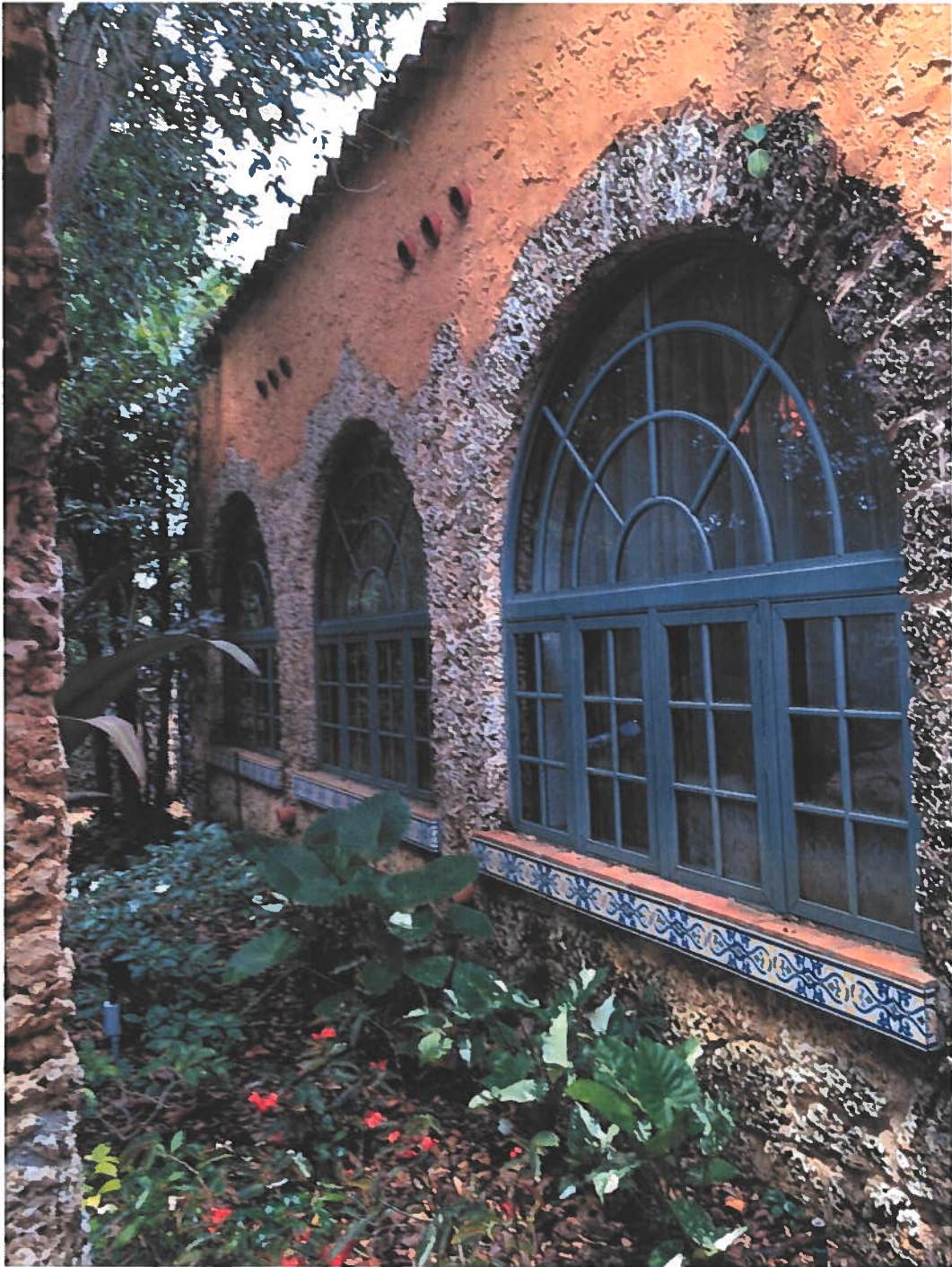




Front Entry with coral rock







Arched coral rock arches to remain



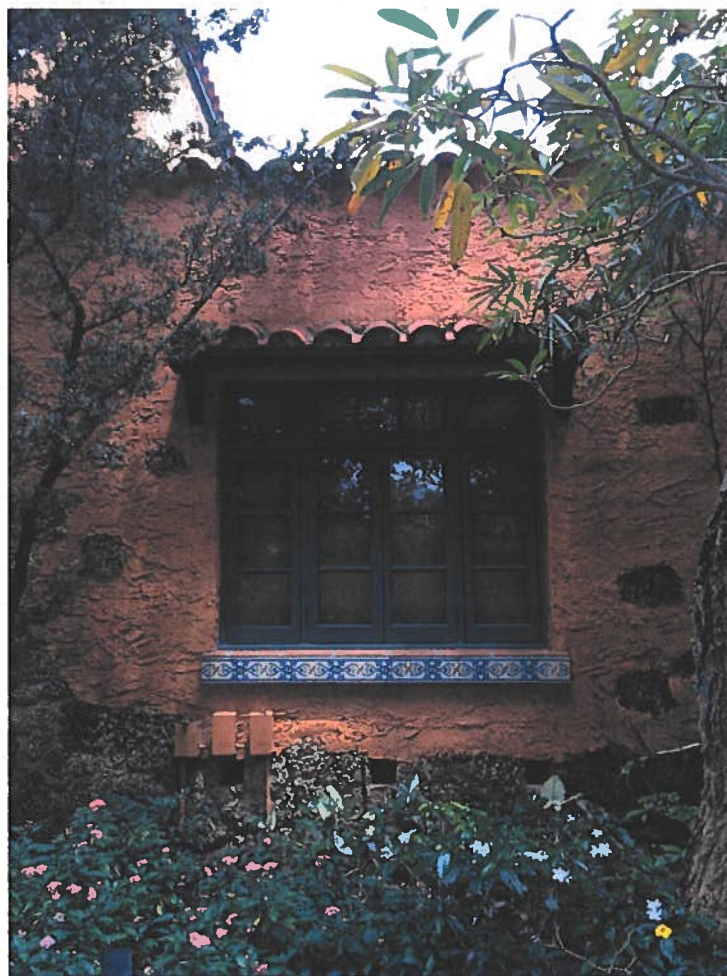


Protruding balconies

Textured stucco

Center medallion

Decorative railing

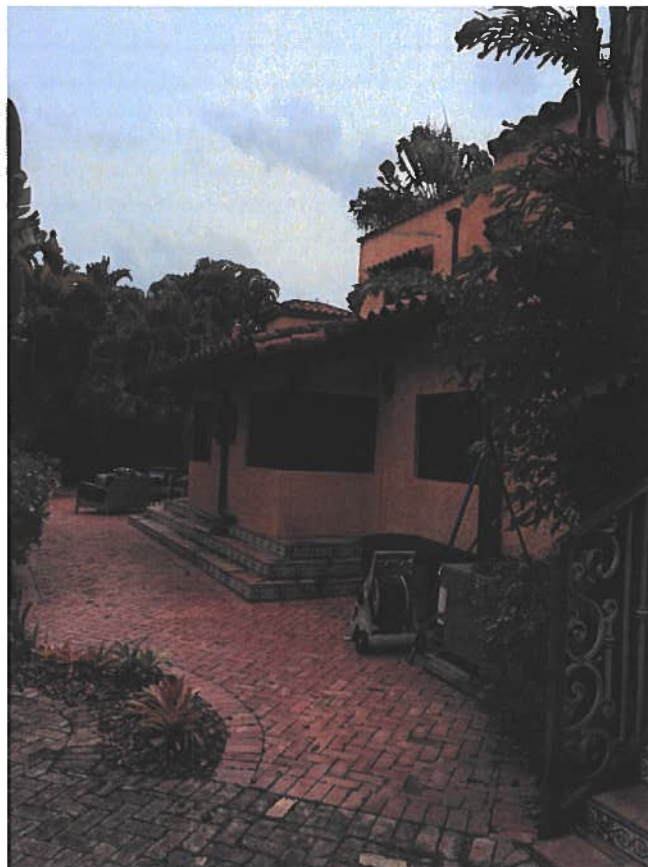


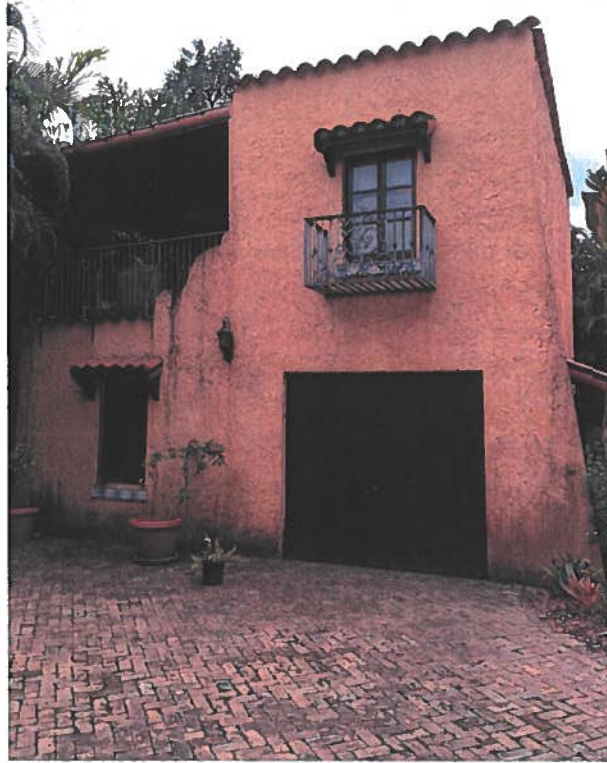
Casement windows with transoms



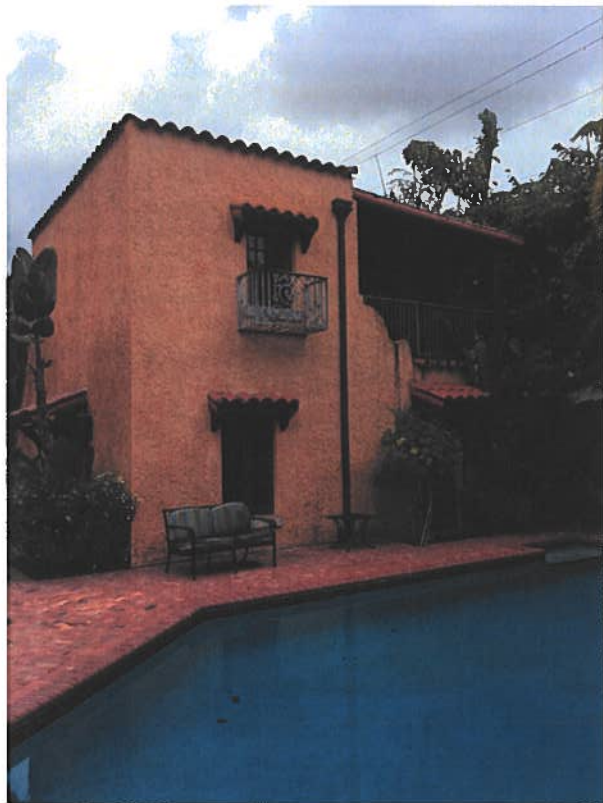


Location of expansion and renovation. Lower sloped roof to be removed and replaced with taller flat roof with covered terrace and renovated pool





Rear garage structure with second floor guest room







Original living room









Original staircase to remain

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